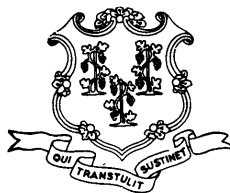


STATE OF CONNECTICUT  
**DEPARTMENT OF CONSUMER PROTECTION**  
 DRUG CONTROL DIVISION  
 COMMISSION OF PHARMACY  
 Telephone: (860) 713-6065  
 Web Site: [www.ct.gov/dcp](http://www.ct.gov/dcp)



For Official Use Only

## **APPLICATION FOR REGISTRATION OF NONRESIDENT PHARMACY**

### INSTRUCTIONS:

All spaces must be completed - please print or type. This application **must be accompanied by a check or money order for \$750.00**, made payable to: "Treasurer, State of Connecticut". **Application fees are non-refundable.** You must enclose with this application a copy of the latest inspection report by your state board of pharmacy.

→ Return your completed application and fee to:

**Department of Consumer Protection, License Services, 165 Capitol Avenue, Hartford, CT 06106.**

Name of Pharmacy			
Pharmacy Street Address		City	State      Zip Code
Telephone Number (w/area code)	FEIN	If Change, Current NonResident Pharmacy License No.	
Name and Address of Licensed Pharmacist Manager		Pharmacist Manager License No.	
Are you the Sole Owner of the Pharmacy? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Applicant is NOT the sole owner, Has the owner or owners appointed applicant as manager of the pharmacy with complete power over the pharmaceutical affairs of said pharmacy? <input type="checkbox"/> Yes <input type="checkbox"/> No		

ç **NOTE: IF THE APPLICANT IS NOT THE SOLE OWNER THEN THIS APPLICATION AND THE FOLLOWING MUST BE ALSO EXECUTED BY THE OWNER OR OWNERS OF THE PHARMACY :**

Owner Legal Standing: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Unincorporated Association	
Name of Owner	Owner 's Address

### **If Corporation or Unincorporated Association:**

Business Address	Date and Place of Organization
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### List Names of Officers, Directors

Name	Address
Name	Address
Name	Address

### **If Individual or Partnership:**

List Names of all Partners to be indicated, including Applicant if one of the partners. If more than three partners, attach rider setting out all names.

Name	Address
Name	Address
Name	Address

**Name and License Number of Each Staff Pharmacist**

Name	License No.
Name	License No.
Name	License No.

**Name and License Number of each staff member who holds Certificate as a Pharmacy Intern**

Name	License No.
Name	License No.

**Hours of Operation:**

**Daily - Monday/Saturday** \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. **Sunday** \_\_\_\_\_ a.m. \_\_\_\_\_

**Has any administrative/disciplinary action been taken, or pending against your pharmacy license?** ☐ **Yes** ☐ **No**  
**(If YES, attach a letter of explanation)**

**Public Act 96-127 AN ACT CONCERNING PHARMACIES.**

Date Approved by Governor: May 24, 1996

Section 1. (NEW) (a) As used in sections 1 to 4, inclusive, of this act: "Nonresident Pharmacy" means any pharmacy located outside this state which ships, mails or delivers, in any manner, legend devices or legend drugs, as defined in subdivisions (13) and (14) of section 2 of public act 95-264, respectively, into this state pursuant to a prescription order. A nonresident pharmacy shall be registered with the Department of Consumer Protection, upon approval of the Commission of Pharmacy, and shall:

(1) Disclose annually in a report to the Commission of Pharmacy the location, names and titles of all principal corporate officers, if applicable, and all pharmacists who are dispensing drugs or devices to residents of this state. A nonresident pharmacy shall file an additional report within thirty days after any change of office, corporate officer or pharmacist.

(2) Submit a statement that it complies with all lawful directions and requests for information from the regulatory or licensing agency of the state in which it is licensed as well as comply with all requests for information made by the Commission of Pharmacy pursuant to this section.

(3) Maintain at all times, a valid unexpired license, permit or registration to conduct such pharmacy in compliance with the laws of the state in which it is located.

(4) Before receiving a certificate of registration from the Department of Consumer Protection, submit a copy of the most recent inspection report resulting from an inspection conducted by the regulatory or licensing agency of the state in which it is located.

(b) A nonresident pharmacy shall, during its regular hours of operation, but not less than six days per week, and for a minimum of forty hours per week, provide a toll-free telephone number to facilitate communication between patients in this state and a pharmacist at such pharmacy who has access to the patient's records. Such toll-free telephone number shall be disclosed on a label affixed to each container of drugs dispensed to patients in this state.

(c) The nonresident pharmacy certificate of registration fee and renewal fee shall be the same as the pharmacy license and renewal fees specified in subdivisions (4) and (5) respectively of section 26 of public act 95-264.

Sec. 2. (NEW) No nonresident pharmacy shall engage in the business of shipping, mailing or delivering legend devices or legend drugs, as defined in subdivisions (13) and (14) of section 2 of public act 95-264, respectively, in this state unless such nonresident pharmacy has been issued a certificate of registration by the Commission of Pharmacy. Applications for a certificate of registration as a nonresident pharmacy shall be made on a form furnished by the Commission of Pharmacy. The Commission of Pharmacy may require such information as it deems reasonably necessary to carry out the purpose of this section.

Sec. 3. (NEW) (a) The Commission of Pharmacy may deny, revoke or suspend any certificate of registration as a nonresident pharmacy for failure to comply with any requirement of sections 1 to 4, inclusive, of this act.

(b) The Commission of Pharmacy may deny, revoke or suspend any certificate of registration as a nonresident pharmacy for conduct which causes serious bodily or serious psychological injury to a resident of this state if the Commission of Pharmacy has referred the matter to the regulatory or licensing agency in the state in which the nonresident pharmacy is located and such regulatory or licensing agency fails to (1) initiate an investigation within forty-five days of referral, (2) complete its investigation within one hundred twenty days of referral, (3) resolve the referral through formal agreement, settlement or decision within one hundred eighty days, or (4) initiate disciplinary proceedings when such proceedings are determined to be necessary in the judgment of the regulatory or licensing agency in the state in which the nonresident pharmacy is located.

Sec. 4. (NEW) It shall be unlawful for any nonresident pharmacy which has not been issued a certificate of registration pursuant to section 2 of this act to advertise its services in this state, or for any person who is a resident of this state to advertise the pharmacy services of a nonresident pharmacy which has not received a certificate of registration from the Commission of Pharmacy, with the knowledge that the advertisement will or is likely to induce members of the public in this state to use the pharmacy to dispense prescription orders.

This is to affirm that the above pharmacy is in compliance with all lawful directions and requests for information from the regulatory or licensing agency of the state in which it is licensed as well as agrees to comply with all requests made by the Commission of Pharmacy pursuant to Section 1-2 of Public Act 96-127. I have read the above copy of the requirements of Public Act 96-127 and agree to comply with such requirements.

\_\_\_\_\_  
Applicant Signature

AFFIX COPY OF YOUR PRESCRIPTION LABEL  
(Must include Toll-Free Telephone Number)